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Under the Pa	aperwork Reduction Act of	1995, no person are rec	uired to	respond to a collection				3 control numbe
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
				, approacion realise.		10/825,359-Conf. #8104		
FEE TRANSMITTAL For FY 2009			Filing Date			April 16, 2004		
				First Named Inventor Examiner Name		GIBSON, Peter HOLMES, Rex R.		
Applicant claims small entity status. See 37 CFR 1.27						3762		
<u> </u>			Art Unit		22409-00107-US			
TOTAL AMOUNT OF PAYMENT (\$) 0.00				Attorney Docket	No. 2	22409-00107-03		
METHOD OF	PAYMENT (check	all that apply)						
Check	X Credit Card	Money Order	No	ne Other (please identify):		
Deposit Ac	count Deposit Account	Number: 22-0	185	Deposit /	Account Name:	Connolly Bo	ve Lodge 8	k Hutz LLP
For the	above-identified depo	sit account, the Dire	ector is	hereby authorize	ed to: (check	k all that apply))	
CI	harge fee(s) indicated	l below		Charge	e fee(s) indi	cated below, e	xcept for t	he filing fee
	harge any additional f e(s) under 37 CFR 1.		ents o	f x Credit	any overpa	yments		
FEE CALCUI	` '							
1. BASIC FILIN	G, SEARCH, AND E	XAMINATION FEE	S					
	FII	LING FEES	SE	ARCH FEES	EXAMIN	ATION FEES	3	
Application Ty	ype Fee (\$	Small Entity) <u>Fee (\$)</u>	Fee (\$	Small Entity) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees I	Paid (\$)
Utility	330	165	540	270	220	110		
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0	-	
2. EXCESS CL							= (*)	Small Entity
Fee Description Each alaim over 20 (including Paiggner)							<u>Fee (\$)</u>	Fee (\$)
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)							52 220	26 110
Multiple depend	,	uding Reissues)					390	195
Total Claims Extra Claims Fee (\$)			Fee Paid (\$)		Mı	Multiple Dependent Claims		
-20 or HP x =				(.,		Fee (\$) Fee Paid (\$)		
HP = highest num	ber of total claims paid for	, if greater than 20.						_
<u>Indep. Claims</u>	Extra Claims		F	ee Paid (\$)				
	- 3 or HP = ber of independent claims	_ x =						
3. APPLICATIO	'	paid for, if greater triali	J.					
If the specification listings und	ation and drawings extended at 1.52(e)), that action thereof. See 3	the application size	fee du	ie is \$270 (\$135 f	onically file or small en	ed sequence or tity) for each a	computer additional 5	0
Total Sheet				dditional 50 or frac	tion thereof	Fee (\$)	Fee	Paid (\$)
-	100 =						=	<u>. αια (Ψ)</u>
4. OTHER FEE(•	,			Paid (\$)
Non-English	Specification, \$130) fee (no small entir	ty disc	ount)				
Other (e.g., l	late filing surcharge):							
SUBMITTED BY								
Signature	/Michael G. Verga	э/		Registration No. (Attorney/Agent)	39,410	Telephone	(202) 331-7111	
Name (Print/Type)	Michael G. Verga	Michael G. Verga				Date	January 2	